

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030304

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7561

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

St. Louis

Length of stay in 1b  
1 day

c. FULL NAME OF HOSPITAL, NURSING HOME, OR INSTITUTION

St. Louis Little Rock Hosp.  
Inc.Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY  
OR  
TOWN

Lamay

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

373 Porchester

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Frank

Middle

Jacob

Last

Montag

4. DATE  
OF  
DEATH

Month

July

Day

21

Year

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12-13-1901

## 9. AGE (last birthday)

61

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Special Agent

## 10b. KIND OF BUSINESS OR INDUSTRY

Terminal R.R. Assn:

## 11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

William H. Montag

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Weinerth

## 14. NAME OF HUSBAND OR WIFE

Rhoda Montag

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Rhoda Montag, 373 Porchester

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN  
ONSET AND DEATH

4 days

Conditions, if any,  
which contributed to  
above cause listed  
and the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

420.1

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m.  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from July 20, 1963 to July 21, 1963 and last saw him alive on July 20, 1963

Death occurred at 8:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

1755 South Grand Blvd.

## 22c. DATE SIGNED

July 22, 1963

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

July 24, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Calvin Feutz Funeral Home, St. Louis, Mo.  
4828 Natural Bridge Bl.

## 25. DATE RECD. BY LOCAL REG.

JUL 23 1963

## 26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John A. Melina*

Licensed Embalmer No.

*4186*

P. O. Address

*St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.